

Chart 1
Monthly Insurance Rates For Active Employee
Basic Life, Health Insurance Coverage (Non-Medicare Plans), and Dental/Vision Coverage
Rates For Monthly Payroll Deduction, and Direct Payment Purposes
Effective For The Premium Due July 1, 2008

| Type Of Coverage | Premium Amount To Be Deducted on Payroll | | | | Full Cost Premium | |
|---------------------------------------------------------------|---------------------------------------------------|-----------------|--------------------------------------------|-----------------|---------------------|-----------------|
| | Premium For Active Employees | | | | | |
| Dental/Vision Coverage: | Individual Coverage | | Family Coverage | | Individual | Family |
| Indemnity Plan | \$5.04 | | \$15.62 | | \$33.61 | \$104.13 |
| PPO Plan | 3.59 | | 11.11 | | 23.92 | 74.06 |
| | For Employees Hired On or before June 30, 2003 | | For Employees Hired After June 30, 2003 | | Full Cost Premium | |
| Basic Life \$5,000 Coverage Only | \$1.03 | | \$1.37 | | \$6.85 | |
| Health Plan Costs (Including Basic Life \$5,000 Insurance) | Individual Coverage | Family Coverage | Individual Coverage | Family Coverage | Individual Coverage | Family Coverage |
| Fallon Community Health Plan-Direct Care | \$60.21 | \$143.05 | \$80.27 | \$190.73 | \$401.36 | \$953.66 |
| Fallon Community Health Plan-Select Care | 71.26 | 169.57 | 95.00 | 226.09 | 475.02 | 1,130.45 |
| Harvard Pilgrim Independence Plan | 77.49 | 186.02 | 103.31 | 248.03 | 516.57 | 1,240.14 |
| Health New England | 64.61 | 158.65 | 86.15 | 211.53 | 430.73 | 1,057.67 |
| Navigator by Tufts Health Plan | 73.42 | 175.75 | 97.89 | 234.32 | 489.46 | 1,171.62 |
| NHP Care (Neighborhood Health Plan) | 63.82 | 167.42 | 85.09 | 223.23 | 425.45 | 1,116.14 |
| UniCare State Indemnity Plan/Basic with CIC | 142.48 | 330.84 | 178.48 | 414.46 | 754.49 | 1,752.33 |
| UniCare State Indemnity Plan/Basic without CIC | 108.00 | 250.85 | 144.00 | 334.47 | 720.01 | 1,672.34 |
| UniCare State Indemnity Plan/Community Choice | 62.21 | 147.87 | 82.95 | 197.15 | 414.73 | 985.75 |
| UniCare State Indemnity Plan/PLUS | 78.72 | 186.43 | 104.95 | 248.56 | 524.76 | 1,242.82 |

CIC: Catastrophic Illness Coverage

Individual CIC:\$34.48/monthly

Family CIC: \$79.99/monthly